

Legislative Regulation Review Committee

2010-032

Department of Social Services

PRESUMPTIVE ELIGIBILITY FOR MEDICAID

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 10-1-05	Transmittal: UP-05-17	1520
Section: The Eligibility Process	Type: POLICY	
Chapter: Expedited Eligibility for Pregnant Women	Program: MA	
Subject:		

1520 [Pregnant women who apply for the HUSKY program are entitled to have their applications processed on an expedited basis. This chapter discusses the HUSKY program's expedited processing requirements for pregnant women.]

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 10-1-05	Transmittal: UP-05-17	1520.05
Section: The Eligibility Process	Type:	POLICY
Chapter: Expedited Eligibility for Pregnant Women	Program:	MA
Subject: Identifying Eligible Assistance Units		

1520.05 [A. Cases Entitled to Expedited Eligibility

The Department determines HUSKY eligibility on an expedited basis for those who qualify for the coverage group of Pregnant Women Under 185% of the Poverty Level (P02). (Cross-reference: 2540.43)

B. Required Verifications

The following factors of eligibility must be verified before HUSKY may be granted under the expedited eligibility method:

1. pregnancy;
2. identity of the applicant; and
3. alien status of non-citizens.

C. Postponed Verifications

1. Verification of all other factors of eligibility may be postponed.
2. The pregnant woman must cooperate with the Department to verify the postponed verifications to continue to receive assistance.
3. If the required verification is not provided, eligibility under the expedited rules ends.]

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 10-1-05

Transmittal: UP-05-17

1520.10

Section:

The Eligibility Process

Type:

POLICY

Chapter:

Expedited Eligibility for Pregnant Women

Program:

MA

Subject:

Processing Requirements

1520.10 [A. Standards of Promptness

1. The assistance unit must provide the minimum required verifications within thirty days of the date of application in order to qualify for assistance on an expedited basis.
2. For pregnant women in need of emergency services, the application is processed no later than 24 hours after the receipt of the minimum required verifications.
3. For pregnant women who do not need emergency services, the application is processed no later than five calendar days after the receipt of the minimum required verification.

B. Period of Eligibility

1. The beginning date of expedited eligibility is the first day of the month of application.
2. Expedited eligibility ends:
 - a. when the Department determines that the pregnant woman is eligible for HUSKY based on verified information; or
 - b. the end of the month in which the Department determines that the pregnant woman does not meet the eligibility requirements for HUSKY (including cooperating in submitting verification).
3. When all required verifications are received and the recipient is determined to be eligible, eligibility continues until the pregnancy ends, regardless of changes in her income.

C. Subsequent Applications

1. A pregnant woman may receive HUSKY benefits on an expedited basis one time during the pregnancy unless she is in need of emergency services related to the pregnancy.
2. For subsequent pregnancies, a woman may not receive HUSKY on an expedited basis unless:
 - a. she previously provided all of the verifications that were postponed;

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- 1520.10 C. 2. Subsequent Applications (continued)
- b. she was subsequently found eligible for another coverage group under normal processing standards; or
 - c. she is in need of emergency services related to the pregnancy.
- D. Emergency Services
- As described in this chapter “emergency services” means a pregnant woman needs immediate medical attention and cannot access services due to barriers such as lack of transportation or medical insurance.]

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL

Date: 1-1-09		Transmittal: UP-09-	1521
Section: The Eligibility Process		Type:	POLICY
Chapter: Presumptive Eligibility for Pregnant Women		Program:	MA
Subject:			

(NEW) 1521 Presumptive eligibility for pregnant women is a method of determining temporary Medicaid eligibility for pregnant women. The determination is made by providers authorized under federal and state law and approved by the Department to make presumptive eligibility determinations. These providers are called “Qualified Providers.” Presumptive eligibility determinations made by “Qualified Providers” are temporary and end when a final determination of eligibility is made by the Department, or on an earlier date as specified in this regulation.

This chapter describes the conditions and methods used in the determination of presumptive eligibility for pregnant women.

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Section: The Eligibility Process	Type:	POLICY
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Subject: Identifying Eligible Assistance Units		

- (NEW) 1521.05
- A.

Cases Entitled to Presumptive Eligibility for Pregnant Women

The Department determines HUSKY eligibility on a presumptive basis for those who qualify for the coverage group of Pregnant Women Under 250% of the Federal Poverty Level (P02). (Cross Reference: 2540.43)
- B.

Eligibility Determinations

1.

The eligibility determination for presumptive eligibility for pregnant women is made by the qualified provider.

2.

In making presumptive eligibility determinations, qualified providers act as agents of the Department and are governed by all Department policies and procedures including, but not limited to, the areas of confidentiality, equal treatment and nondiscrimination.

3.

The qualified provider secures a completed application form from the applicant.

4.

The qualified provider makes its presumptive eligibility determination that the applicant meets the categorical, technical and income eligibility criteria based on the information reported on the application form.

5.

The qualified provider is not required to verify factors of eligibility, but shall forward to the Department a copy of the completed application and any readily available verification documents.

6.

The qualified provider’s presumptive eligibility determination remains in effect until the ending date of presumptive eligibility specified in subsection A.2. of section 1521.10.

**CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
UNIFORM POLICY MANUAL**

Date: 1-1-09

Transmittal: UP-09-

1521.07

Section:

The Eligibility Process

Type:

POLICY

Chapter:

Presumptive Eligibility for Pregnant Women

Program:

MA

Subject:

Qualified Providers

(NEW) 1521.07

A. Qualified Provider Categories

A qualified provider means any provider that meets the following requirements:

1. eligible to receive payments under an approved State plan; and
2. provides services of the type provided by: (a) outpatient hospitals (see §1905(a)(2)(A) of the Act); (b) rural health clinics (see §1905(a)(2)(B) of the Act); or (c) clinics furnished by, or under, the direction of a physician, without regard to whether the clinic itself is administered by a physician (see §1905(a)(9) of the Act); and
3. has been designated by the Department, in writing, as a qualified provider on the basis of the Department's determination that the provider is capable of making determinations of presumptive eligibility; and
4. (a) receives funds under one of the following:
 1. the Migrant Health Centers, Community Health Centers, or Public Health Service primary care research and demonstration projects (see §329, 330 and 340 of the Public Health Service Act); or
 2. the Maternal and Child Health Services Block Grant Program (see Title V of the Act); or
 3. Health Services for Urban Indians (see Title V of the Indian Health Care Improvement Act); or(b) participates in a program established under:
 1. the Special Supplemental Food Program for Women, Infants and Children (see §17 of the Child Nutrition Act of 1966); or
 2. the Commodity Supplemental Food Program (see §4(a) of the Agriculture and Consumer Protection Act of 1973); or
 3. participates in a State perinatal program; or
 4. is itself the Indian Health Service or a health program or facility operated by a tribe or tribal organization under the Indian Self determination Act.

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Section:

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MA

Subject:

Qualified Providers

1521.07

B. Standards for Designating a Qualified Provider

1. The Department decides which specific qualified providers are authorized to make presumptive eligibility determinations for pregnant women. The Department is not required to authorize all providers that fall within the foregoing categories to make presumptive eligibility determinations.
2. The Department may limit which providers it invites to participate as a qualified provider based on the Department's capacity to train and monitor qualified providers in the performance of their presumptive eligibility responsibilities.
3. The Department retains the right to determine, at any time, in its discretion, whether a qualified provider will be allowed to continue making presumptive eligibility determinations.
4. A qualified provider shall agree to:
 - a. accurately determine presumptive eligibility;
 - b. process applications in a timely manner; and
 - c. not participate in unfair, discriminatory or unequal treatment of applicants or recipients.
5. The Department may revoke, suspend or deny a qualified provider's authorization to make presumptive eligibility determinations at any time for any reason deemed sufficient by the Department including, but not limited to, its failure to meet the requirements of subsection B.4. of this section.

C. Procedures for Designating a Qualified Provider

1. The Department shall contact providers that are permitted to determine presumptive eligibility as set forth in subsection A. of this section to inquire about their interest in participating as a qualified provider;
2. The Department shall explain the requirements for being designated a qualified provider;
3. The qualified provider must agree to the terms and conditions as set forth in a Statement of Agreement between the qualified provider and the Department and execute the required Statement of Agreement;

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- 1521.07 C. Procedures for Designating Qualified Providers (continued)
4. The Department can revoke the authority of a provider to make presumptive eligibility determinations at any time, in its discretion.

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Subject: Processing Requirements		

(NEW) 1521.10

A. Period of Eligibility

1. Beginning Date of Eligibility

The beginning date of presumptive eligibility is the date that the qualified provider determines, on the basis of preliminary information, that the family income of the woman does not exceed the applicable income level of eligibility under the Medicaid State Plan for presumptive eligibility for pregnant women.

2. Ending Date of Eligibility

Eligibility for presumptive eligibility for pregnant women ends with the earlier of:

- a. the day on which a determination is made with respect to the eligibility of the woman for medical assistance under the State plan;
- b. if a presumptively eligible pregnant woman does not file an application for Medicaid by the last day of the month following the month in which she is determined presumptively eligible, her presumptive eligibility ends on the last day of the month following the month the presumptive eligibility determination is made; or
- c. the last day of the month in which the pregnancy ends.

B. Subsequent Periods of Presumptive Eligibility

The Department shall limit the number of times a pregnant women may receive presumptive eligibility to a single period for any given pregnancy.

IMPORTANT: Read instructions on bottom of Certification Page before completing this form. Failure to comply with instructions may cause disapproval of proposed Regulations.

STATE OF CONNECTICUT
REGULATION
OF

NAME OF AGENCY
Department of Social Services

Concerning

SUBJECT MATTER OF REGULATION
Presumptive Eligibility for Medicaid

SECTION _____

- Statement of Purpose: (A) The purpose of the proposed regulation is to delete sections 1520, 1520.05 and 1520.10 of the Uniform Policy Manual and adopt new sections 1521, 1521.05, 1521.07 and 1521.10 of the UPM. The regulation proposes to add a temporary Medicaid coverage group for pregnant women in order to increase access to medical coverage for needy pregnant women. The regulation also proposes “qualified providers” approved by the department, be permitted to make determinations regarding presumptive eligibility.
- (B) The main provisions of the regulation establish an additional Medicaid coverage group for needy pregnant women, define a “qualified provider,” set forth the requirements for designation of qualified providers and establishes the methods used by qualified providers to determine presumptive eligibility.
- (C) The legal effects of the regulation, including all of the ways that the regulation would change existing regulations or other laws are: establishment of a temporary Medicaid coverage group for pregnant women and provides that qualified providers approved by the Department may determine presumptive eligibility for needy pregnant women. This change is being made to comply with Public Act 08-68 of the 2008 Connecticut Legislative Session. The Department intends on implementing and operating under these changes effective February 16, 2010.

CERTIFICATION
R-39 REV. 1/77

Be it known that the foregoing:
[] Regulations [] Emergency Regulations
Page 2 of 2 pages

Are:
[] Adopted [] Amended as hereinabove stated [] Repealed

By the aforesaid agency pursuant to:
[] Sections of the General Statutes.
[] Section of the General Statutes, as amended by Public Act No. of the Public Acts.
[] Public Act No. 08-68 of the Public Acts.

After publication in the Connecticut Law Journal on 2/2/10, of the notice of the proposal to:
[] Adopt [] Amend [] Repeal such regulations
(If applicable): [] And the holding of an advertised public hearing on day of

WHEREFORE, the foregoing regulations are hereby:
[] Adopted [] Amended as hereinabove stated [] Repealed

Effective:
[] When filed with the Secretary of the State.
(OR)
[] The day of

In Witness Whereof: Date 4/5/10 SIGNED (Head of Board, Agency or Commission) OFFICIAL TITLE, DULY AUTHORIZED
Commissioner
Approved by the Attorney General as to legal sufficiency in accordance with sec. 4-169, as amended C.G.S. SIGNED 4/26/10 OFFICIAL TITLE, DULY AUTHORIZED
ASSOC. ATTY. GENERAL

- [] Approved
- [] Disapproved
- [] Disapproved in part, (Indicate Section Numbers disapproved only)
- [] Rejected without prejudice

By the Legislative Regulation Review Committee in accordance with Sec. 4-170, as amended, of the General Statutes. Date SIGNED (Clerk of the Legislative Regulation Review Committee)
Two certified copies received and filed, and one such copy forwarded to the Commission in Official Legal Publications in accordance with Section 4-172, as amended, of the General Statutes.
DATE SIGNED (Secretary of the State.) BY

INSTRUCTIONS

- 1. One copy of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the Attorney General for his determination of legal sufficiency. Section 4-169 of the General Statutes.
- 2. Seventeen copies of all regulations for adoption, amendment or repeal, except emergency regulations, must be presented to the standing Legislative Regulation Review Committee for its approval. Section 4-170 of the General Statutes.
- 3. Each regulation must be in the form intended for publication and must include the appropriate regulation section number and section heading. Section 4-172 of the General Statutes.
- 4. Indicate by "(NEW)" in heading if new regulation. Amended regulations must contain new language in capital letters and deleted language in brackets. Section 4-170 of the General Statutes.